

## Washington State Autism Advisory Council

### Notes for 4/25/14 Meeting SeaTac Conference Center

Gail Kreiger—Health Care Authority- (HCA)

**ICD10 code**—There is a delay with using the code at CMS but thinking is it will be released to use October 1, 14. Congress has final say when it is available. CMS is here now training on Medicaid in state. They will announce more about the changes soon.

**Centers of Excellence**—Now there are 26 clinical centers across the state. There is some contract money for two days of training in cities to develop COE done by Seattle Children's. Dates set up for Wenatchee in June—Peter Holden and another physician as Peter is retiring fairly soon. Auburn and Tukwila have centers now. Web post will be happening by end of month to see list of all the COE's across the state and BCBA's.

**ABA provider group**—250 known BCBA providers but only 20 individuals working with us at HCA. 50 are in academic world. 100 working with companies that we contract with—30 still are going after licensing right now.

1400 children who need care and are approved with authorization (good for 6 months) but no staff to take care of the child. Not enough slots for the staffing of the treatment plans—providers are putting through treatment plans for kiddos but then not able to serve that child because of staffing issues. Webinar coming about access issues and telemedicine. Use of telemedicine has been approved by CMS—it was written into the state plan and was approved by the feds and they will pay 50% of the services and state pays the other 50%. Have to be licensed in WA state to provide the service and could use the telemedicine to open up the supervision piece.

Only 14,000 BCBA worldwide; supply is not high enough to assure access for all children to get service.

We do not have enough BCBA programs at Universities in WA state--Whitman U is thinking about adding BCBA to their curriculum. University of WA puts out about 45 a year.

I can see the change in the children--all ages are making progress getting services under Medicaid. It is very rewarding to see the changes and know that our combined work on this is making a difference daily in children's life.

BCBA—we are doing the fee analysis; we are paying significantly higher than against other fees like doctors, speech, Pt. State legislature now wants to look at any fee changes that HCA wants to make—this is a change from normal.

Working with Christy and DDA and waiver to make sure that children get all of the coverage that it says will happen in State Plan amendment—leader nationally in how we have brought this program into place—it is a model for the nation. We got a change through in federal law that Medicaid can pay for a service that a licensed person asks for but it can be provided by someone who is not licensed but is supervised under someone licensed. Agencies licensed, people are certified so that we don't get sued.

Parents are reporting issues with BCBA service centers not meeting the needs of the parents—want the parents to take the child out of school time for their therapy. Will cover if done in the school setting if that can be worked out with the school district. If school and service can come together and give Gail a plan for working in the school—then it could be worked out. Issues with school districts. CMS does not want to see duplication of services so that is part of the issue with working with the schools.

Day program active now—three in WA and one in Spokane, Lakeside in Issaquah, and Children's Village. 3-5 age. Multidisciplinary team there, treatment plan for those days of service. Can be very effective in their early learning, then they move on to home visiting. This is unique to our state and a model. Children's is looking to set one of these up too.

### **Arzu—Shayan's Fund Autism Insurance Benefits**

We have all of these laws and still we have children with no access to services. Timely treatment not really happening. Families have opted out of their private insurance because it would not cover anything for autism. The grant to Arzu was to support the families in staying in their private insurance and fighting for the benefit they should have under the law with those different plans. Problem also of a lot of the doctors do not know the medical necessity so there is no treatment prescribed. Need the families to know that the doctor that they choose to help them with their treatments must know the medical necessity and be a service provider that is recognized.

- Insurance companies have not adopted Clinical Practice Guidelines recommended nationally.
- Utilization management takes precedence over patient care
- Mental Health Parity Laws in full implementation less than 4 years
- Families don't get referrals to medically necessary treatments
- There's not an adequate network of qualified providers.

POLICY CHANGE\*\*\*\*\*Idea for policy change is need to make the Insurance companies plain talk the information that they send to families. Families get denials and they cannot understand what they are reading.

Huge variability between what the codes are that the insurance will accept on BCBA services.

Explore the training piece to make sure that residential treatment facilities know that kiddos should get ABA treatment.

Resource list—advocates in Spokane-east side, Edmonds-north region, 2 King Co, Pierce, Olympia-southwest WA for this work.

\*\*\*\*We should be working with and supporting the COE's with advocate knowledge.

**Susan Ray**—went looking for the numbers but came up with nothing.

**Linda Lunsford—Presentation on regulations and Developmental Disability Administration**

See the Eligibility 2014 Rules-Highlights

July 1<sup>st</sup> is the plan for when these eligibility 2014 take affect.

DDA have added ARNP's as allowed to do diagnostics because resources for diagnostics are so limited across the state.

Many are eligible but are on no paid case load—no \$ to serve everyone. Actively enrolling people for the new IFS waiver—coming May 2015 if all goes according to plan. As a whole, add 4000 to those receiving services.

### **Announcements:**

**LEND** trainees will be now called Fellows.

**Informing Families, Building Trust**—great information on the site.

Subgroup here at the council for comments to the DSMV with Beth Ellen to lead the letter writing.

**Carolyn Taylor**-resources for parents across the state. Free training –look at the website.

**FEAT**—rising star academy, Bellevue and Tacoma. Bringing on some of the insurances. Experienced learning project.

**Adult services—Nicolette Burgin with Autism Center**—subgroup working on adult recommendations to train across the state to people who serve adults on the spectrum.

**Transition Services and Adult Clinic at UW-Gary Stobbe, MD.** Just launched Non medical center for services out in Bothell—recreation, life skills, behavioral health. Would like to build a model program that is sustainable and then duplicate across the state. Transition Services has had over 400 come through the doors—co occurring mental health issues cause many problems. Great need to look a generation ahead to affect those individuals that are growing up. Multiple co-occurring diagnosis. He has a list of psychologists who can evaluate adults. Puget Sound Centric unfortunately.

**Greg Shell—Father's Network,** Autism center helped put together a program for fathers on reciprocal training to work with their children—5 weeks and now much closer to their children through their own learning. North Creek Business Park—Kinderling has expanded to a new site in Bothel—now two great sites.

**The Ready Lab—Wendy Stone**—providing Reciprocal Training and STAT all across the state for free....trained 400 people already. Research and Outreach. Research now new study of 24-39 months old; looking at families and children and this developmental project to see if a developed tool can be used by community people to diagnosis. What measures can be used in the community; training just a little, and in 1.5 hours. May reduce time to diagnosis.

**Northwest Autism Center** 2-5 year olds, day clinic; Local stakeholder came up with money for the first phase of the project—Empire Health, WSU, Whitworth, and another. Hopefully growing a spot for

**Seattle Children's Autism Center**—hospital is increasing the mental health and inpatient autism care. New clinical concern popping up that will help those with developmental delays and behavioral; small clinical program that have severe behaviors and brain disorders.

**Eileen Schwartz and special education**—has both the two pathways program for BCBA one is on campus; the other is distance education program from across the country. All the courses to sit for the certification and supervision of the work as well.

**DOH—Maria**—opportunity to update the guidebook and will be doing that this summer with an intern.

**Christy Selegman-DDA**—Systems of Care grant from DSHS Behavioral Health gave mental health awareness \$ for website of Informing Families. Building Trust—mental health page—series of mental health issues, mental health evaluation. Adding to resources, reinvesting \$ to use broadly for mental health awareness, please give us info

of gaps that we could use the money to crises services for children. DDA changed by legislation and litigation—now different. Change started in 2007.

Presentations:

**Monica Reeves DDA**—2011 legislation 5459 not to allow another generation of people out in community not in an institution. It enhanced respite care and community crisis team (Mobile)Regional 3 only—now want to make this happen across this state. Keeping track of the data on this mobile crisis team. Plan is to keep the child in the home. Project is a 3 bed home in the Community –Lakewood-180 days to turn it around, team around the child. Put supports in place. Community Crisis Stabilization Service.

Enhancing this and adding across the state depends on the outcome data and success of this program.

Sally--Crisis with CA and foster care children. We cannot place a child in the facility if they have a pending case.

**David O'Neil**—1100 people in the Sound Mental Health case load. Crisis Stabilization team they got a team together with funding that continues from the legislature. State DDA service, housed at a mental health facility. Crisis Team is like a EMT—not a long term service but in that time of crisis. Then they get delivered to the services that they need.

Enrich the system---get referrals from others, build system capacity. ER social workers, medical assessments, across system to rule out the medical problems—all the subsystems. Outreach to create sustainable partners. Systems of Care Approach. Establish a common vision; What particular individuals do in the system, and their values, beliefs, and assumptions; Change disrupts equilibrium and equilibrium will be sought; shifts in the behavior of one individual in the system creates a shift in the whole system. 72 hours to respond; you just need to be in the DD system. 24 hours crisis services; training and consultation;

Getting many more clients at the Primary Prevention level now instead of the Tertiary Prevention –Emergency level.

**David Lord-DRW**—Update on TR v Quigley lawsuit; community based mental health. Affect not a lot of people with autism. Filed 4 years ago—lots of people waiting for CLIP events, out of home placement-long wait list which is illegal. Intensive services along with crisis services and will cost a lot of money. 70 million over 5 years phased in. For those with a mental health diagnosis who need services. In home, cross system coordination so youth can stay in the home. WISE implemented across the state; Intensive Care Coordination. Does not mean that things will be better after the time is

up on the work of the plan. State needs to make and hold to the changes but will eventually be released by the judge from reporting on the work and change.

Medicaid coupon; mental illness or condition; has a functional impairment that is interfering with school, family, or community; needs

Major rework of the mental health system

**Next meeting is July 25<sup>th</sup> so hold the date please. More details to follow.**